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|  | **溫莎華人宣道會**  **Windsor Chinese Alliance Church** |  |

**Activity Parental Permission/Release Form**

**Event:** WCAC Church Retreat 2023

**Location:** University of Guelph Ridgetown Campus, 120 Main St. E, Ridgetown, ON

**Date:** May 20, 2023 to May 22, 2023

I hereby give permission to my son / daughter *Print Child’s Name* to participate in the above noted activity. In the case of injury or illness, I authorize the responsible adult from WCAC to render emergency first aid and/or seek all necessary medical attention for my son/daughter. In such case, I understand that I will be notified as soon as possible. I agree to hold harmless and blameless the leadership of WCAC and any adults participating in or providing assistance for the activity. In the event of any injury and illness of my son / daughter resulting from participating in this activity, I waive all rights to any civil action against the above noted parties including WCAC.

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| Name of Parent or Guardian |  | Signature |  | Date |

Please list all telephone numbers where you can be reached during the above noted dates in the event of emergency.

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| Daytime Phone Number |  | Evening Phone Number |  | Cellular Phone Number |

Please list an alternative contact person in case we are not able to reach you in the event of emergency.

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| Name of Contact Person |  | Phone Number |  |  |

Please list any medical condition, including allergies that your son/daughter has and provide the health card number of your son/daughter.

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| Allergies and/or Medical Conditions |  | Age of Child |
|  |  |  |
| Health Card Number |  |  |